

SEP 14 1934 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

28632

## 1. PLACE OF DEATH

County

Cedar

Registration District No.

1167

Township

Madison

Primary Registration District No.

5233

City

(No.)

St.

Ward)

## 2. FULL NAME

Paul A. Ellen Griffin

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

W. J. Griffin

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jun 1 - 1879

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

55

8

3

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

## 10. Date deceased last worked at this occupation (month and year)

Housewife

Keeping house

1974

## 11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Julesburg, CO. Mo

## MOTHER

## FATHER

## 13. NAME

Solomon Summers

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ill

## 15. MAIDEN NAME

Susan Blair

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

## 17. INFORMANT (ADDRESS)

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

## 19. UNDERTAKER (ADDRESS)

## 20. FILED

Aug 13, 1934

B. A. Cheek

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 3, 1934

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug 1, 1934, to Aug 3, 1934

I last saw her alive on Aug 1, 1934

Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Undetermined

Date of onset

2006

grob

Other contributory causes of importance:

## Name of operation

None

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

## Manner of injury

## Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. F. Brown, M. D.

(Address) Fair Play - Mo

